## RECEIVED AND FILED WITH THE N.J. BOARD OF DENTISTRY ON 5-20-98 cm

## **CERTIFIED TRUE COPY**

PETER VERNIERO ATTORNEY GENERAL

By: Marilyn Bair

Deputy Attorney General

Division of Law 124 Halsey Street P.O. Box 45029

Newark, New Jersey 07102

Tel.: (973)648-3696

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY

In the Matter of

Administrative Action

SUSAN LOBATON, D.D.S.

Licensed to Practice Dentistry: in the State of New Jersey :

CONSENT ORDER

This matter was opened to the New Jersey State Board of Dentistry (hereinafter "the Board") upon receipt of a patient complaint from J.C. The complaint alleged that Susan Lobaton, D.D.S. (hereinafter "respondent") rendered dental treatment to J.C. which failed to conform to standard dental practice in the State of New Jersey. Specifically, J.C. alleged that respondent did not render proper dental treatment regarding a bridge which did not remain cemented. On November 19, 1997, respondent appeared with counsel, Pamela Mandel, Esq., at an investigative inquiry into the matter held by the Board.

Having reviewed the entire record, including the testimony of respondent at the investigative inquiry, it appears to the Board that respondent performed poor quality crown and bridge and inadequate post and core. These failures of dental treatment constitute violations pursuant to N.J.S.A. 45:1-21 (e)

It appearing that respondent desires to resolve this matter without recourse to formal proceedings and for good cause shown:

IT IS ON THIS 20<sup>th</sup> DAY OF May 1998, HEREBY ORDERED AND AGREED THAT:

- 1. Respondent shall successfully complete the following continuing education: six (6) hours in endodontics, twenty-one (21) hours in crown and bridge, seven (7) hours in post and core, and seven (7) hours in the design of precision attachment of partial dentures, which courses shall be completed within eight months of the entry of the within Consent Order. These courses, which are in addition to the regularly required continuing education hours, shall be approved by the Board in writing prior to attendance, utilizing the attached Pre-Approval sheet. Respondent also shall be required to complete the attached continuing education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of the within Consent Order, and a separate form is to be used for each course.
- 2. Respondent is hereby assessed a civil penalty in the amount of \$500.00° for poor record keeping. The \$500.00° civil penalty shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to the Board no later than fourteen days from the entry of this Consent Order. Payment shall be sent to Ms. Agnes Clarke, Executive Director, New Jersey State Board of Dentistry, 124 Halsey Street, Sixth Floor, Newark, New Jersey 07102.

- 3. Respondent shall make restitution to J.C. in the amount of \$4,000.00. The restitution shall be submitted by certified check or money order made payable to J.C., and submitted to the Board no later than fourteen days from the entry of this Consent Order. Payment shall be sent to Ms. Agnes Clarke at the address described in paragraph #2.
- 4. Respondent is hereby assessed the costs of the investigation to the State in this matter in the amount of \$193.52. Payment for the costs shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to the Board no later than fourteen days from the entry of the within Consent Order. Payment shall be sent to Ms. Agnes Clarke at the address described in paragraph #2.

NEW JERSEY STATE BOARD OF DENTISTRY

Valentine Bloch, D.D.S.

President

I have read and understand the within Consent Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order

Susan Lobaton, D.D.S.

P.82/82

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847 605 4591 TO 919736483355

PHOVIDER RELATIONS

"IF DISCIPLINED, PLEASE FORWARD DISCIPLINE REPORT"

EVER DISCIPLINED "YESINO"

LICENSE # EXPLATE

DENTIST NAME

SOP#

STATE Z

18029

M. MARKOMITZ

NJ0100181

DATE

NAME

VERMFIED BY:

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DENTIST NAME	SUSAN LOBATON	GALL MCLL
STATE SDP#	NJ01D0629	VERIFIED BY:

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NJ0100181

SOP#

STATE Z DATE

SIGNATURE

NAME

VERIFIED BY:

DISCIPLINE CHECK

64041999

5/13/99

**IF DISCIPLINED, PLEASE FORWARD DISCIPLINE REPORT**	86)07	
EVER DISCIPLINED LICENSE# EXPOATE "YES.NO"	XES	( 199 DATE
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